Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 1 of 45

| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF PENNSYLVANIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is a amended filling |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|---|---|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write the name that is on | | Rina | |
| | your government-issued picture identification (for example, your driver's | First name | First name | |
| | licer | nse or passport). | Middle name | Middle name |
| | Brin | g your picture | Capper | |
| | iden mee | tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | other names you have d in the last 8 years | | |
| | | ude your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-3985 | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 2 of 45

Debtor 1 Rina Capper Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) EIN |
| 5. | Where you live | 680 N. Limekiln Pike | If Debtor 2 lives at a different address: |
| | | Chalfont, PA 18914 Number, Street, City, State & ZIP Code Bucks County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 3 of 45

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ■ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Rina Capper

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 4 of 45

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time ■ No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure **Bankruptcy Code and are** you a small business in 11 U.S.C. § 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. ☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Debtor 1

Rina Capper

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 5 of 45

Debtor 1 Rina Capper Case number (if known)

Part 5: Explain Your Efforts

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 6 of 45

| | tor 1 Rina Capper | | | | number (if known) | | |
|------|---|--|--|---|---|--|--|
| Par | 6: Answer These Questi | ions for Rep | orting Purposes | | | | |
| 16. | What kind of debts do you have? | ir | idividual primarily for a p | r consumer debts? Consumer debts a ersonal, family, or household purpose." | are defined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | | | No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. S | tate the type of debts yo | u owe that are not consumer debts or b | pusiness debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | am not filing under Chap | ter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | | 7. Do you estimate that after any exemparailable to distribute to unsecured cre | pt property is excluded and administrative expenses editors? | | |
| | administrative expenses | |] No | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | С |] Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | 5 001-10,000 | 5 0,001-100,000 | | |
| | | ☐ 100-199 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| | | 200-999 | | | | | |
| 19. | How much do you | \$ 0 - \$50,000 | | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 million | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | | |
| 20. | How much do you | □ \$0 - \$50,000 ■ \$50,001 - \$100,000 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | | □ \$10,000,001 - \$50 million | _ : : : : : : : : : : : : : : : : : : : | | |
| | to be: | □ \$100,00 | 1 - \$500,000 | □ \$50,000,001 - \$100 million | _ ` ' ' ' ' ' | | |
| | | □ \$500,00 | 1 - \$1 million | □ \$100,000,001 - \$500 millio | on | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | | | | eligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7. | | |
| | | | | id not pay or agree to pay someone wh I the notice required by 11 U.S.C. § 342 | no is not an attorney to help me fill out this $2(b)$. | | |
| | | I request re | lief in accordance with th | e chapter of title 11, United States Cod | de, specified in this petition. | | |
| | | I understand bankruptcy and 3571. | d making a false stateme case an result in fines t | n, concealing property, or obtaining m to \$250,000, or imprisonment for up | noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | Rina Capp Signature o | | Signature of | Debtor 2 | | |
| | | Executed or | 05/02/2022 | Executed on | 1 | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 7 of 45

Page 7 of 45 Document Debtor 1 Case number (if known) Rina Capper For your attorney, if you are I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter represented by one for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the If you are not represented by an attorney, you do not need schedules filed with the petition is incorrect. to file this page. /s/ Michael Cataldo 05/02/2022 Date Signature of Attorney for Debtor MM / DD / YYYY Michael Cataldo 49431 Gellert Scali Busenkell & Brown, LLC 8 Penn Center, 1628 John F. Kennedy Blvd, Suite 1901, Philadelphia, PA 19103 Number, Street, City, State & ZIP Code Contact phone 215-238-0015 Email address mcataldo@gsbblaw.com 49431 PA

Bar number & State

Document Page 8 of 45

| Fill in this informa | ation to identify your | case: | | |
|----------------------|------------------------|--------------------|-----------------|---|
| Debtor 1 | Rina Capper | | | |
| | First Name | Middle Name | Last Name | - |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bank | kruptcy Court for the: | EASTERN DISTRICT C | DF PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| | | Your as | ssets If what you own |
|-----|---|-------------|--------------------------|
| 1 | Cohodulo A/D. Buonante (Official Forms 40CA/D) | | , |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 548,100.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 20,746.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 568,846.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities I you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 75,934.00 |
| | Your total liabilities | \$ | 75,934.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,628.54 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,361.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | ı personal, | family, or |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 9 of 45

Debtor 1 Rina Capper Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

\$_____8,281.95

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main

| | | Docu | ment Page 10 of 45 | | |
|---------------------------------|--|-----------------------|--|--|----------------------------------|
| Fill in this infor | mation to identify your | case and this filing: | | | |
| Debtor 1 | Rina Capper | | | | |
| D - l- t 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRIC | T OF PENNSYLVANIA | | |
| Case number | | | | | ☐ Check if this is a |
| | | | | | amended filing |
| | | | | | |
| Official Fo | orm 106A/B | | | | |
| 3chedul | le A/B: Prop | erty | | | 12/15 |
| | | | istate You Own or Have an Interest In | | |
| ☐ No. Go to Pa | art 2. | | | | |
| Yes. Where | is the property? | | | | |
| | nekiln Pike s, if available, or other description | . | s the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured clause the amount of any secure Creditors Who Have Claim | d claims on Schedule D: |
| | | _ | Manufactured or mobile home | Current value of the | Current value of the |
| Chalfont | PA State | | Land Investment property | entire property? \$548,100.00 | portion you own? \$548,100.00 |
| Oity | oute | <u> </u> | Timeshare | Describe the nature of y | |
| | | _ | Other | | ancy by the entireties, o |
| | | _ | as an interest in the property? Check one Debtor 1 only | Fee simple Tenats | By the Entirety |
| Bucks Co | ounty | _ | Debtor 2 only | | |
| County | | | Debtor 1 and Debtor 2 only | ☐ Check if this is con | nmunity property |
| | | | At least one of the debtors and another | (see instructions) | S P S P S |
| | | | nformation you wish to add about this it ty identification number: | em, such as local | |
| | | | lence and has a Heloc loan is his nan | ne alone for \$78.000 | |
| | | | | | |
| 2. Add the dol | llar value of the portion have attached for Part | you own for all of yo | our entries from Part 1, including ar | y entries for | \$548,100.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 11 of 45

Case number (if known)

| деві 3. Са | rs, vans, trucks, tractors, sport utility ve | hicles, motorcycles | Case number (if known) | |
|----------------------|--|--|---|---------------------------------------|
| | No | | | |
| | Yes | | | |
| | . 66 | | | |
| 3.1 | Make: Jeep | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: Patriot | ■ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: 2010 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 118000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$1,892.00 | \$1,892.00 |
| 3.2 | Make: Chevy | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: Tahoe | ■ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: 2002 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 138000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | ☐ At least one of the debtors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$2,232.00 | \$2,232.00 |
| 3.3 | Make: Ford | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: F-150 | ■ Debtor 1 only | Creditors Who Have Clair | |
| | Year: 1986 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 250,000 Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Nada only went back to 1992. | At least one of the debtors and another | | |
| | That valuation was \$285 | ☐ Check if this is community property (see instructions) | \$200.00 | \$200.00 |
| 3.4 | Make: Dodge | Who has an interest in the property? Check one | Do not deduct secured cla the amount of any secure | |
| | Model: Ram 2500 Qua Cab | ■ Debtor 1 only | Creditors Who Have Clair | ms Secured by Property. |
| | Year: 3513 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 185000 Other information: | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | entire property? | portion you own? |
| | Cuter information. | At least one of the deptors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$3,513.00 | \$3,513.00 |
| 3.5 | Make: Dodge | Who has an interest in the property? Check one | Do not deduct secured cla | d claims on Schedule D: |
| | Model: Ram 2500 | Debtor 1 only | Creditors Who Have Clair | ns Secured by Property. |
| | Year: 1994 Approximate mileage: 180000 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entile property: | portion you own: |
| | | | | |
| | | ☐ Check if this is community property | \$809.00 | \$809.00 |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Mai Document Page 12 of 45

Debtor 1 Case number (if known) Rina Capper 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one Make: Ranger Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 373v ☐ Debtor 1 only Model Creditors Who Have Claims Secured by Property. 1987 Year: Debtor 2 only Current value of the Current value of the entire property? portion you own? ☐ Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Obtained free. Fixed up a little ☐ Check if this is community property \$250.00 \$250.00 (see instructions) for local use 4.2 Make: Who has an interest in the property? Check one **Bass** Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Cat Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 1997 Year: Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Son's boat, but titled in ☐ Check if this is community property \$1,000.00 \$1,000.00 (see instructions) debtor's name Purchased \$2,,000 3 years ago 4.3 Who has an interest in the property? Check one Make: Caravelle Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 17 foot ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Year: 1999 Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$1,500.00 \$1,500.00 No Motor Purchased \$2,500 ☐ Check if this is community property (see instructions) copule of years ago 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$11,396.00 pages you have attached for Part 2. Write that number here.....= Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$8,000.00 **Household Goods** 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... Cell Phones, TVs, Appliances, Computer and Printer \$800.00

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 13 of 45

Debtor 1 Rina Capper Case number (if known)

8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, memorabilia, collectibles

| Ο. | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles | , or baseball card collections; |
|----|--|---|
| | ■ No □ Yes. Describe | |
| 9. | Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments ■ No ☐ Yes. Describe | and kayaks; carpentry tools; |
| 10 | D. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No □ Yes. Describe | |
| 11 | Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe | |
| | Clothing and Accessories | \$250.00 |
| 12 | 2. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g No ■ Yes. Describe Jewelry | gold, silver \$300.00 |
| | B. Non-farm animals Examples: Dogs, cats, birds, horses ■ No □ Yes. Describe | |
| 14 | Any other personal and household items you did not already list, including any health aids you did not list ■ No □ Yes. Give specific information | |
| 15 | 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$9,350.00 |
| Pa | art 4: Describe Your Financial Assets | |
| D | o you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | 6. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petiti No Yes | on |
| 17 | 7. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage institutions. If you have multiple accounts with the same institution, list each. | houses, and other similar |
| | ■ No □ Yes Institution name: | |

| De | ebtor 1 | Rina Capper | Case number (if known) | | | | | |
|--|----------------------|--|---|---|--|--|--|--|
| 18. | | mutual funds, or publicly traded stocks les: Bond funds, investment accounts with brokerage firm | ns, money market accounts | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes | Institution or issuer name: | | | | | | |
| 19. | Non-pu joint v | | unincorporated businesses, including an interest in a | an LLC, partnership, and | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. | Give specific information about them Name of entity: | % of ownership: | | | | | |
| | Negotia Non-ne | ment and corporate bonds and other negotiable and able instruments include personal checks, cashiers' check of contract of the | ks, promissory notes, and money orders. | | | | | |
| | ■ No | | | | | | | |
| | ⊔ Yes. | Yes. Give specific information about them Issuer name: | | | | | | |
| 21. | | nent or pension accounts | | | | | | |
| | Examp ■ No | Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No | | | | | | |
| | | List each account separately. Type of account: Insti | tution name: | | | | | |
| 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others | | | | | | | | |
| | ■ No □ Yes. | Insti | tution name or individual: | | | | | |
| 23. | Annuiti | es (A contract for a periodic payment of money to you, ei | ither for life or for a number of years) | | | | | |
| | ■ No □ Yes | Issuer name and description. | | | | | | |
| | | | SLE program, or under a qualified state tuition prograr | m | | | | |
| - 4. | | C. §§ 530(b)(1), 529A(b), and 529(b)(1). | nee program, or under a qualified state tuition program | | | | | |
| | ☐ Yes | Institution name and description. Separate | ly file the records of any interests.11 U.S.C. § 521(c): | | | | | |
| | Trusts, ■ No | equitable or future interests in property (other than a | anything listed in line 1), and rights or powers exercise | able for your benefit | | | | |
| | | Give specific information about them | | | | | | |
| 26. | | s, copyrights, trademarks, trade secrets, and other int les: Internet domain names, websites, proceeds from roy | | | | | | |
| | | Give specific information about them | | | | | | |
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative ass | ociation holdings, liquor licenses, professional licenses | | | | | |
| | ■ No □ Yes | Give specific information about them | | | | | | |
| | | | | | | | | |
| М | oney or _l | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | |
| 28. | Tax ref | unds owed to you | | | | | | |
| | ■ No | | | | | | | |
| | □ Vaa | Tive appoints information about them, including whether w | you already filed the returns and the tax years | | | | | |

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Page 15 of 45 Document Debtor 1 **Rina Capper** Case number (if known) 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security

benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 16 of 45

| Deb | tor 1 Rina Capper | | Case number (if known) | |
|------|---|-------------|------------------------------|--------------|
| | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No | | | |
| | Yes. Give specific information | | | |
| | Fema claim | | | Unknown |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$548,100.00 |
| 56. | Part 2: Total vehicles, line 5 | \$11,396.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | \$9,350.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$0.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$20,746.00 | Copy personal property total | \$20,746.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$568,846.00 |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 17 of 45

| Fill in this information to identify your case: | | | | | | |
|---|------------------------|---|---|---|--|--|
| Rina Capper | | | | | | |
| First Name | Middle Name | Last Name | | | | |
| | | | | | | |
| First Name | Middle Name | Last Name | | | | |
| nkruptcy Court for the: | EASTERN DISTRICT C | PENNSYLVANIA | | | | |
| | | | | | | |
| | | | | ☐ Check if this is an | | |
| | | | | amended filing | | |
| | Rina Capper First Name | Rina Capper First Name Middle Name First Name Middle Name | Rina Capper First Name Middle Name Last Name First Name Middle Name Last Name | Rina Capper First Name Middle Name Last Name First Name Middle Name Last Name | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Current value of the Amount of the exe Schedule A/B that lists this property portion you own | | Amount of the exemption you claim Specific laws that allow exemption |
|--|-------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| 680 N Limekiln Pike Chalfont, PA Bucks County County | \$548,100.00 | □ 11 USC § 522(b)(3)(B) |
| Residence Husband has a Heloc loan is his name alone for \$78.000 Line from <i>Schedule A/B</i> : 1.1 | | ■ 100% of fair market value, up to any applicable statutory limit |
| 1987 Ranger 373v Obtained free. Fixed up a little for | \$250.00 | \$250.00 11 USC § 522(b)(3)(B) |
| local use | | ☐ 100% of fair market value, up to |
| Line from Schedule A/B: 4.1 | | any applicable statutory limit |
| Household Goods Line from Schedule A/B: 6.1 | \$8,000.00 | \$8,000.00 11 USC § 522(b)(3)(B) |
| Ellie II olii olii olii olii olii olii olii o | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Cell Phones,TVs, Appliances, Computer and Printer | \$800.00 | \$800.00 11 USC § 522(b)(3)(B) |
| Line from Schedule A/B: 7.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Clothing and Accessories Line from Schedule A/B: 11.1 | \$250.00 | \$250.00 42 Pa.C.S. § 8124(a)(1) |
| End Holli Gollowale 7/D. 1111 | | □ 100% of fair market value, up to any applicable statutory limit |

| De | btor 1 Rina Capper | | Case number (if known) | | | |
|----|--|--------------------------------------|------------------------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| | Jewelry Line from Schedule A/B: 12.1 | \$300.00 | • | \$300.00 | 42 Pa.C.S. § 8123(a) | |
| | Line Holli Schedule Arb. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Fema claim Line from Schedule A/B: 53.1 | Unknown | | \$0.00 | 44 C.F.R. § 206.110(g) | |
| _ | Line non schedule A/B. 33.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Fema claim Line from Schedule A/B: 53.1 | Unknown | | \$0.00 | 11 USC § 522(b)(3)(B) | |
| | Line Holli Schedule Arb. 33.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every | | | led on or after the date of adjustmer | nt.) | |
| | No | | :4l=: 1 | OAE dave before you filed this age. | 2 | |
| | Yes. Did you acquire the property cover | rea by the exemption wi | tnin 1 | ,215 days before you filed this case | <i>!</i> | |
| | ■ No | | | | | |
| | □ Voc | | | | | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 19 of 45

| Fill in this information to identify your case: | | | | | |
|---|-------------|--------------------|-----------------|--|--|
| Debtor 1 | Rina Capper | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | OF PENNSYLVANIA | | |
| Case number | | | | | |
| (if known) | | | | | |
| | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 20 of 45

| | | Document | Page 20 | of 45 | | |
|---|--|--|------------------------------------|--|----------------------------|--|
| Fill in thi | s information to identify your | case: | | | | |
| Debtor 1 | Rina Capper | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for the: | EASTERN DISTRICT OF PE | NNSYLVANIA | | | |
| Case nur | nhor | | | | | |
| (if known) | | | | | П | Check if this is an |
| | | | | | _ | amended filing |
| o.c | E 400E/E | | | , | | |
| | Form 106E/F | | | | | |
| Sched | ule E/F: Creditors W | ho Have Unsecured | d Claims | | | 12/15 |
| Schedule (Schedule [eft. Attach | ory contracts or unexpired leases 6: Executory Contracts and Unexpo I: Creditors Who Have Claims Sec the Continuation Page to this pag case number (if known). List All of Your PRIORITY Ur | oired Leases (Official Form 106G). Fured by Property. If more space is ge. If you have no information to r | Do not include s needed, copy t | any creditors with partially secu the Part you need, fill it out, nun | ured claims nber the er | s that are listed in ntries in the boxes on the |
| | y creditors have priority unsecure | | | | | _ |
| _ | . Go to Part 2. | a damo agamor you. | | | | |
| □ Ye | | | | | | |
| ш те | 5. | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| 3. Do an | y creditors have nonpriority unse | cured claims against you? | | | | |
| □ No | . You have nothing to report in this p | art. Submit this form to the court wit | h your other sche | dules. | | |
| ■ Ye | • | | | | | |
| | | | | | | |
| unsec | Il of your nonpriority unsecured cl ured claim, list the creditor separatel ne creditor holds a particular claim, l | y for each claim. For each claim liste | ed, identify what t | ype of claim it is. Do not list claims | s already in | cluded in Part 1. If more |
| raitz | | | | | | Total claim |
| _ | American Express Travel R | elated | | | | |
| | Services | Last 4 digits of ac | count number | 6593 | | \$1,732.00 |
| | onpriority Creditor's Name | | | On a read 04/40 1 and 4 ad | | |
| | Attn: Bankruptcy Po Box 981537 | When was the de | bt incurred? | Opened 04/18 Last Act 4/03/22 | ive | |
| | El Paso, TX 79998 | | | -17 UU122 | | _ |
| N | umber Street City State Zip Code | • | u file, the claim i | s: Check all that apply | | |
| _ | /ho incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and an | _ | ORITY unsecured | I claim: | | |
| | Check if this claim is for a com | | | | | |
| | ebt the claim subject to offset? | ☐ Obligations aris report as priority cl | | ration agreement or divorce that y | ou did not | |
| _ | ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | • | | <u> </u> | | |
| ☐ Yes ☐ Other. Specify ☐ Unsecured | | | | | | _ |

| Debto | or 1 Rina Capper | | Case number (if known) | | | | |
|-------|--|--|---|-------------|--|--|--|
| 4.2 | Amex | Last 4 digits of account number | 1633 | \$11,060.00 | | | |
| | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 04/16 Last Active 10/01/21 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharir | og plane, and other similar debte | | | | |
| | | · | | | | | |
| | Yes | Other. Specify Credit Card | 1 | | | | |
| 4.3 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 8217 | \$8,706.00 | | | |
| | Attn: Bankruptcy Po Box 8801 | When was the debt incurred? | Opened 08/17 Last Active 09/21 | | | | |
| | Wilmington, DE 19899 Number Street City State Zip Code | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | re of the date you me, the claim | or oncore all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharir | | | | | |
| | Yes | Other. Specify Credit Card | | | | | |
| 4.4 | BBVA | Last 4 digits of account number | 5241 | \$12,824.00 | | | |
| | Nonpriority Creditor's Name | _ | | · · · | | | |
| | Attn: Bankruptcy Po Box 10566 | When was the debt incurred? | Opened 01/20 Last Active 09/21 | | | | |
| | Birmingham, AL 35296 | mion was the assembarrou. | 00/21 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | ☐ Contingent☐ Unliquidated | | | | | |
| | Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alatas | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | u Ciaiiii. | | | | |
| | ☐ Check if this claim is for a community debt | _ | aration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | aradori agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | ☐Yes | ■ Other, Specify Credit Card | I PNC | | | | |

| Debto | or 1 Rina Capper | | Case number (if known) | | | | |
|-------|--|--|---|------------|--|--|--|
| 4.5 | Capital One | Last 4 digits of account number | 3299 | \$8,363.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 05/10 Last Active 09/21 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | gration agreement or divorce that you did not | | | | |
| | ■ No □ Yes | Other. Specify Credit Card | | | | | |
| 4.6 | Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 8260 | \$6,834.00 | | | |
| | Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 01/18 Last Active 10/21 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim: | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | I JC PENNEY | | | | |
| 4.7 | Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 9398 | \$2,871.00 | | | |
| | Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 03/12 Last Active 10/21 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? ■ No | ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | □Yes | ■ Other Specify Credit Card | | | | | |

| Debtor | 1 Rina Capper | | Case number (if known) | | | | |
|--------|--|--|--|-------------|--|--|--|
| 4.8 | Citibank | Last 4 digits of account number | 5889 | \$3,541.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 790034 St Louis, MO 63179 | When was the debt incurred? | Opened 08/19 Last Active 7/22/21 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | |
| 4.9 | Citibank/The Home Depot | Last 4 digits of account number | 1452 | Unknown | | | |
| | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 | When was the debt incurred? | Opened 5/10/95 Last Active 4/29/20 | | | | |
| | St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | | |
| | Yes | Other. Specify Charge Account | | | | | |
| 4.1 | Discover Financial | Last 4 digits of account number | 8642 | \$12,652.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 03/15 Last Active 3/22/22 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | ☐ Contingent ☐ Unliquidated | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | |
| | \square At least one of the debtors and another | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other Specify Credit Card | I | | | | |

| tor 1 Rina Capper | | Case number (if known) | | | |
|--|---|--|------------|--|--|
| Hsbc Bank | Last 4 digits of account number | 3856 | \$3,572.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2013 | When was the debt incurred? | Opened 03/19 Last Active 8/15/21 | | | |
| Buffalo, NY 14240 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| Yes | Other. Specify Credit Card | <u> </u> | | | |
| Lockhart Morris & Montgomery, Inc. | Last 4 digits of account number | 5297 | \$1,118.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy 1401 N Central Expressway, Ste 225 | When was the debt incurred? | Opened 11/21 Last Active 08/16 | | | |
| Richardson, TX 75080 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| Yes | Other. Specify Collection Emergency | Attorney Towanda Creek Physic | | | |
| Prosper Funding LLC | Last 4 digits of account number | 6299 | \$90.00 | | |
| Nonpriority Creditor's Name 221 Main Street Suite 300 | When was the debt incurred? | Opened 08/17 Last Active 8/30/21 | | | |
| San Francisco, CA 94105 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | , , | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | agreement of arronde that you did not | | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| Yes | ■ Other. Specify Unsecured | | | | |

Official Form 106 E/F

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 25 of 45

| Debtor 1 | Rina Cap | per | | Case n | umber (if know | vn) | |
|--------------------|---|--|---|-------------|------------------|--------------------------|--|
| 4.1 | Spring Oak | s Capital, Llc | Last 4 digits of account number | 9947 | , | | \$1,993.00 |
| <u> </u> | Nonpriority Cred Attn: Bankr P.O. Box 12 | ditor's Name cuptcy 116 | When was the debt incurred? | | ned 2/23/2 | 2 | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| _ | Number Street (| e, VA 23327 City State Zip Code the debt? Check one. | As of the date you file, the claim | is: Chec | k all that apply | | |
| | Debtor 1 onl | у | ☐ Contingent | | | | |
| | Debtor 2 onl | у | ☐ Unliquidated | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| | debt | s claim is for a community | ☐ Student loans ☐ Obligations arising out of a sep | aration a | greement or di | vorce that you did not | |
| | _ | bject to offset? | report as priority claims | | | | |
| | ■ No | | Debts to pension or profit-shari | | | ilar debts | |
| | Yes | | Other. Specify 12 Cross F | River B | ank | | |
| | Syncb/venn | | Last 4 digits of account number | 3476 | <u> </u> | | \$578.00 |
| , | Nonpriority Cred Attn: Bankr P.O. Box 96 Orlando, FL | ruptcy 55015 | When was the debt incurred? | Ope 09/2 | | Last Active | |
| | | City State Zip Code the debt? Check one. | As of the date you file, the claim | is: Chec | k all that apply | | |
| | ■ Debtor 1 onl | у | ☐ Contingent | | | | |
| | Debtor 2 onl | у | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Debtor 1 and | d Debtor 2 only | | | | | |
| | ☐ At least one | of the debtors and another | | | | | |
| | ☐ Check if thi | s claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim su | bject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | | ☐ Debts to pension or profit-shari | ng plans, | and other simi | ilar debts | |
| | ☐ Yes | | Other. Specify Credit Car | d | | | |
| Part 3: | List Others | s to Be Notified About a Debi | That You Already Listed | | | | |
| is tryin have m | g to collect fro ore than one c | m you for a debt you owe to son | out your bankruptcy, for a debt that neone else, list the original creditor i you listed in Parts 1 or 2, list the add submit this page. | n Parts 1 | or 2, then list | t the collection agency | here. Similarly, if you |
| | d Address | | n which entry in Part 1 or Part 2 did you | | - | | |
| | er & Associa illman Drive | | <u> </u> | _ | | Priority Unsecured Clair | |
| Suite 2 | | , | • | ■ Part 2: | Creditors with | Nonpriority Unsecured | Claims |
| Bensal | em, PA 190 | | ast 4 digits of account number | | | | |
| Dort 4: | Add the Ar | mounts for Each Type of Uns | engured Claim | | | | |
| | | certain types of unsecured claim | s. This information is for statistical | reporting | g purposes on | ıly. 28 U.S.C. §159. Add | the amounts for each |
| | | | | | | Total Claim | |
| | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | |
| Total | | | | | | | |
| claims from Par | t 1 6b. | Taxes and certain other debts | you owe the government | 6b. | \$ | 0.00 | |
| | 6c. | Claims for death or personal in | jury while you were intoxicated | 6c. | \$ | 0.00 | |
| | 6d. | Other. Add all other priority unse | cured claims. Write that amount here. | 6d. | \$ | 0.00 | |

Official Form 106 E/F

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 26 of 45

Case number (if known)

| Debtor 1 R | Rina Cap | | Case nu | umber (if known | h) |
|-----------------------|------------|---|------------|-----------------|------------|
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| Total | 6f. | Student loans | 6f. | т \$т | otal Claim |
| claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 75,934.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 75,934.00 |

Official Form 106 E/F

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 27 of 45

| Fill in this infor | mation to identify your | case: | ./ | |
|---------------------------------|--------------------------|--------------------|-----------|--|
| Debtor 1 | Rina Capper First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| , | ankruptcy Court for the: | EASTERN DISTRICT O | | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | | Name, Number | , Street, City, State and ZIF | e contract or lease ^o Code | State what the contract or lease is for |
|-----|--------|--------------|-------------------------------|--|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 28 of 45

| | | Docume | nı Page 28 C | N 45 | |
|--------------------------|---|----------------------------|------------------------|--|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Dina Cannar | | | | |
| Deptor 1 | Rina Capper First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT C | E PENNSYI VANIA | | |
| | , | | | | |
| Case num | ber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| _ | | - - 1- 1 | | | |
| Scheo | lule H: Your Cod | eptors | | | 12/15 |
| our name | and case number (if known you have any codebtors? (If |). Answer every question | | | p of any Additional Pages, write |
| | | , | • | | |
| ■ No □ Yes | S | | | | |
| Arizon | hin the last 8 years, have you na, California, Idaho, Louisiana . Go to line 3. s. Did your spouse, former spo | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | ty states and territories include) |
| in line Form out C | e 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2. | if that person is a guaran | tor or cosigner. Make | sure you have listed t 96G). Use Schedule D | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 20 | | | | Подража в е | |
| 3.2 | Name | | | Schedule D, lir | |
| | | | | ☐ Schedule E/F,☐ Schedule G, lii | |
| | | | | Schedule G, III | ıe |
| | Number Street | O: - | 715.0 | _ | |
| | City | State | ZIP Code | | |

| | in this information to identify your captor 1 Rina Capper | | | | | | | | | |
|------------|---|---|-------------------------|--------------------------------|-----------|--------------------|--|---------------------------|-------------------------------------|---------------|
| 1 | otor 2 | | | | | _ | | | | |
| ' | ited States Bankruptcy Court for the | EASTERN DISTRICT | OF PENI | NSYLVANIA | | | | | | |
| (If kr | se number fficial Form 106I | | | | | | Check if this An amer A supple 13 incon | ded filing ment show | ing postpetition o | chapter |
| | chedule I: Your Inc | - m- | | | | | MM / DE | / YYYY | | 12/15 |
| sup spo | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. It is a Describe Employment | are married and not filir r spouse is not filing wi | ng jointly th you, d | , and your sp o not include | ouse is | s living nation | g with you, ir about your s | clude info pouse. If r | rmation about y nore space is no | our eeded, |
| 1. | Fill in your employment information. | | Debtor | 1 | | | Debto | r 2 or non- | -filing spouse | |
| | If you have more than one job, | Employment status | ■ Emp | oloyed | | | ■ En | ployed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | □ No | ☐ Not employed | | | | |
| | employers. | Occupation | Cashi | er | | | Oper | ator/Cons | struction | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Giant | | | | Jame | s D Morri | issey Inc | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | County Line ont, PA 1891 | | | | Frankford delphia, F | d Ave PA 19114 | |
| | | How long employed the | nere? | 8/21 | | | | 7 years | | |
| Par | t 2: Give Details About Mor | thly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If y | you have | nothing to rep | ort for a | any lin | e, write \$0 in | he space. I | nclude your non- | filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | mbine the | e information f | or all e | mploye | ers for that pe | son on the | lines below. If yo | ou need |
| | | | | | | F | For Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, salad deductions). If not paid monthly, or | | | | 2. | \$ | 1,350.0 | 0 \$ | 6,931.95 | |
| 3. | Estimate and list monthly overti | me pay. | | | 3. | +\$_ | 0.0 | <u> </u> | 0.00 | |

4. Calculate gross Income. Add line 2 + line 3.

\$ 1,350.00

6,931.95

| Deb | tor 1 | Rina Capper | - | С | ase number (<i>if kr</i> | nown) | | | |
|-----|--------------------|--|----------|-------|---------------------------|--|--------|--|--|
| | Coi | py line 4 here | 4. | | For Debtor 1 | 0.00 | | Debtor 2 or filing spouse 6,931.95 | |
| _ | | | ٦. | • | Ψ <u>1,550</u> | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | Ψ | 0,931.93 | _ |
| 5. | | t all payroll deductions: | _ | | | | _ | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | . — | 3.21 | \$ | 1,304.23 | |
| | 5b. 5c. | Mandatory contributions for retirement plans | 5b 5c | | | 0.00 | \$ | 0.00 | _ |
| | 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5d | | : — ` | 0.00 | \$ | 0.00 | _ |
| | 5e. | Insurance | 5u | | : ———· | 0.00 | Ψ | 0.00 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | : <u>`</u> | 0.00 | \$— | 200.97 | _ |
| | 5g. | Union dues | 5g | | · | 0.00 | \$ | 0.00 | _ |
| | 5h. | Other deductions. Specify: | 5h | , | : ———· | | + \$ | 0.00 | |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 9 | 148 | 3.21 | \$ | 1,505.20 | _) |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | | | \$ | 5,426.75 | _ |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a | | \$ | 0.00 | \$ | 0.00 | <u>) </u> |
| | 8b. | Interest and dividends | 8b |). ; | \$ | 0.00 | \$ | 0.00 | <u>) </u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | i. ; | \$ (| 0.00 | \$ | 0.00 |) |
| | 8d. | Unemployment compensation | 8d | l. : | | 0.00 | \$ | 0.00 | _ |
| | 8e. | Social Security | 8e |). : | \$ (| 0.00 | \$ | 0.00 |) |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | | 0.00 | \$ | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g | , | | 0.00 | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ 3 | \$ | 0.00 | + \$ | 0.00 | <u>) </u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | (| 0.00 | \$ | 0.0 | 0 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1,201.79 | + \$ | 5.4 | 26.75 = \$ | 6,628.54 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | ., | | | | -, |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | | | chedule J. 11. +\$ | 0.00 |
| 12. | Wri | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | | 12. \$ | 6,628.54 |
| 13. | Do | you expect an increase or decrease within the year after you file this form No. | ? | | | | | Combi month | Inea ly income |
| | П | Yes. Explain: | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| | to the track of the first of th | | 1 | | |
|-------------------|--|--|-------------------------------|--|-------------------------------|
| FIII | in this information to identify your case: | | | | |
| Deb | Rina Capper | | Chec | ck if this is: | |
| | | | _ | An amended filing | |
| 1 | ouse, if filing) | | _ | A supplement show 13 expenses as of | ving postpetition chapter |
| (Spc | ouse, ir ming) | | | 10 expenses as or | the following date. |
| Unit | ted States Bankruptcy Court for the: _EASTERN DISTRICT OF PENI | NSYLVANIA | - | MM / DD / YYYY | |
| Cas | se number | | | | |
| (If kı | (nown) | | | | |
| Of | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/1 |
| Be info nur | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the mber (if known). Answer every question. | are filing together, b is form. On the top of | oth are equa f any additio | ally responsible fo onal pages, write y | or supplying correct |
| Par | tt 1: Describe Your Household Is this a joint case? | | | | |
| 1. | | | | | |
| | ■ No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expens | ses for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | • | | Dependent's age | Does dependent live with you? |
| | Do wat atata tha | | | | □ No |
| | Do not state the dependents names. | Son | | 14 | ■ Yes |
| | 4563.453.453.453. | | | | □ No |
| | | daughter | | 18 | ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes | | | | |
| exp | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a suplicable date. | | | | |
| the | elude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I</i> fficial Form 106I.) | | | Your exp | enses |
| | | | | | |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | e. Include first mortgag | e 4. \$ | i | 300.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | ; | 566.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 203.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | <u> </u> | 200.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5 | Additional mortgage nayments for your residence, such as | home equity loans | 5 \$ | · · · · · · · · · · · · · · · · · · · | 0.00 |

| ebtor 1 Rina C | apper | Case num | ber (if known) | |
|-------------------------------|--|----------------------------|--------------------|---------------------------|
| Utilities: | | | | |
| | ty, heat, natural gas | 6a. | \$ | 700.00 |
| | sewer, garbage collection | 6b. | \$ | 73.00 |
| | one, cell phone, Internet, satellite, and cable services | 6c. | \$ | 513.00 |
| 6d. Other. S | Specify: Trash | 6d. | \$ | 35.67 |
| | usekeeping supplies | 7. | \$ | 1,500.00 |
| | d children's education costs | 8. | \$ | 300.00 |
| | ndry, and dry cleaning | 9. | \$ | 215.00 |
| • | products and services | 10. | \$ | 62.00 |
| | lental expenses | 11. | \$ | 340.00 |
| | on. Include gas, maintenance, bus or train fare. | | | |
| Do not include | | 12. | \$ | 500.00 |
| Entertainmen | t, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 80.00 |
| Charitable co | ntributions and religious donations | 14. | \$ | 20.00 |
| Insurance. | | | | |
| | insurance deducted from your pay or included in lines 4 or 20. | 4.5 | • | |
| 15a. Life insu | | 15a. | · | 0.00 |
| 15b. Health in | | 15b. | · | 0.00 |
| 15c. Vehicle | | 15c. | · | 400.00 |
| | surance. Specify: Marine INSURANCE | 15d. | \$ | 33.33 |
| | include taxes deducted from your pay or included in lines 4 or 20. | 40 | ¢. | |
| Specify: | | 16. | \$ | 0.00 |
| | r lease payments: ments for Vehicle 1 | 17a. | ¢ | 0.00 |
| | ments for Vehicle 2 | 17a. 17b. | · | 0.00 |
| 17b. Car pay 17c. Other. S | | 17b. 17c. | · | 0.00 |
| 17d. Other. S | · · · · · · · · · · · · · · · · · · · | 17c. | · | 0.00 |
| | ts of alimony, maintenance, and support that you did not report | | Ψ | 0.00 |
| | n your pay on line 5, <i>Schedule I, Your Incom</i> e (Official Form 106 | | \$ | 0.00 |
| | nts you make to support others who do not live with you. | ·.,. | \$ | 0.00 |
| Specify: | , | 19. | | |
| Other real pro | operty expenses not included in lines 4 or 5 of this form or on S | chedule I: Yo | our Income. | |
| 20a. Mortgag | es on other property | 20a. | \$ | 0.00 |
| 20b. Real est | tate taxes | 20b. | \$ | 0.00 |
| 20c. Property | y, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Mainten | ance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeov | wner's association or condominium dues | 20e. | \$ | 0.00 |
| Other: Specify | 2 Dogs,Chickens, 3 goats | 21. | +\$ | 190.00 |
| Son's music | | | +\$ | 95.00 |
| Accounting | | | +\$ | 25.00 |
| Newspapers | | | +\$ | 5.00 |
| postage | | | +\$ | 5.00 |
| | | | | |
| | ir monthly expenses | | | |
| 22a. Add lines | | • | \$ | 6,361.00 |
| | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2 | \$ | |
| 22c. Add line 2 | 22a and 22b. The result is your monthly expenses. | | \$ | 6,361.00 |
| Calculate you | ir monthly net income. | | | |
| | in monthly het income. ie 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,628.54 |
| | our monthly expenses from line 22c above. | 23b. | · | 6,828.54 6,361.00 |
| 235. Copy yo | и попалу ехрепосо пош ше 220 авоче. | 200. | -Ψ | |
| 23c. Subtract | t your monthly expenses from your monthly income. | | | |
| | ult is your <i>monthly net income</i> . | 23c. | \$ | 267.54 |
| | ,, | | | |
| | t an increase or decrease in your expenses within the year afte | | | |
| | you expect to finish paying for your car loan within the year or do you expect | your mortgage _l | payment to increas | se or decrease because of |
| | ne terms of your mortgage? | | | |
| No. | [- · · · | | | |
| Yes. | Explain here: | | | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 33 of 45

| Debtor 1 | Rina Capper | | | |
|---------------------|--------------------------|--------------------|----------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | Check if this is a amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Be | elow | |
|-------------------------------------|---|---|
| Did you pay or | r agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? |
| ■ No | | |
| ☐ Yes. Nam | ne of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of that they are true | of perjury, I declare that I have read the summary a ue and correct. | nd schedules filed with this declaration and |
| Rina Capp Signature of | | X Signature of Debtor 2 |
| Date 05/ | /02/2022 | Date |

| Fill in | this inform | ation to identify you | r case: | | | |
|----------|----------------------|--|--|------------------------------------|--|-------------------------------------|
| Debto | or 1 | Rina Capper | | | | |
| Debto | nr 2 | First Name | Middle Name | Last Name | | |
| | e if, filing) | First Name | Middle Name | Last Name | | |
| United | d States Ban | kruptcy Court for the: | EASTERN DISTRICT OF | PENNSYLVANIA | | |
| Case | number | | | | | |
| (if know | /n) | | | | _ | heck if this is an mended filing |
| | | | | | | |
| Offic | cial For | m 107 | | | | |
| Stat | ement | of Financial | Affairs for Individ | luals Filing for B | ankruptcy | 04/22 |
| Be as | complete a | nd accurate as possi | ble. If two married people a | re filing together, both are | equally responsible for sup | olying correct |
| | | ore space is needed,). Answer every ques | | this form. On the top of any | additional pages, write you | r name and case |
| | | , | | | | |
| Part 1 | | | rital Status and Where You | Lived Before | | |
| 1. W | vnat is your | current marital statu | S? | | | |
| | ■ Married □ Not marr | ried | | | | |
| 2. D | uring the la | st 3 years, have you | lived anywhere other than v | where you live now? | | |
| | No | | | | | |
| _ | - | all of the places you I | ived in the last 3 years. Do no | ot include where you live now | | |
| [| Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| Siaics | and territorie | s iliciuue Alizolla, Ca | illorria, idario, Louisiaria, ine | vada, New Mexico, Fuello Ni | co, rexas, washington and w | iscorisiri.) |
| _ | No | | | | | |
| | J Yes. Mal | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Part 2 | Explair | n the Sources of You | r Income | | | |
| F | ill in the total | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | dar years? |
| |] No | | | | | |
| | _ | in the details. | | | | |
| | | | Dahtau 4 | | Dahtan 0 | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$4,725.00 | ☐ Wages, commissions, bonuses, tips | \$25,994.83 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 35 of 45

| Debtor 1 R | ina Capper | | | Cas | e number (if known) | |
|--------------------------------|------------------------------|---|--|--|--|---|
| | | | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last cale (January 1 to | ndar year: o December 3 | 1, 2021) | ■ Wages, commissions, bonuses, tips | \$5,725.80 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | ndar year befo December 3 | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$83,574.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| ■ No | source and th | | me from each source separa | tely. Do not include income tl | hat you listed in line 4. | |
| | | | Dahtau 4 | | Dahtan 0 | |
| | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Part 3: Lis | st Certain Pay | ments You | Made Before You Filed for | Bankruptcy | | |
| 6. Are eithe □ No. | Neither Del individual pr | otor 1 nor Drimarily for a | personal, family, or househol re you filed for bankruptcy, di | umer debts. Consumer debts Id purpose." | s are defined in 11 U.S.C. § 10 | 01(8) as "incurred by an |
| | ☐ Yes | List below e paid that cr not include | each creditor to whom you pai editor. Do not include paymer payments to an attorney for th | nts for domestic support oblig his bankruptcy case. | n one or more payments and t ations, such as child support a or after the date of adjustment | and alimony. Also, do |
| ■ Yes. | | | r both have primarily consure you filed for bankruptcy, di | | I of \$600 or more? | |
| | ■ No. | Go to line 7 | | | | |
| | | include pay | | | I the total amount you paid tha port and alimony. Also, do not | |

Total amount

paid

Dates of payment

Amount you still owe

Creditor's Name and Address

Was this payment for ...

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 36 of 45

Debtor 1 Rina Capper Case number (if known)

| 7. | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. ■ No □ Yes. List all payments to an insider. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partner more of their voting | erships of which yo g securities; and a | ou are a general ny managing ag | partner; corporation: ent, including one fo | | |
|-----|--|--|--|--|------------------------------------|--|--|--|
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t Include credit | | | |
| Pai | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case | | |
| | American Express v Debtor 2022-01882 | Civil Action | Bucks County Common Pleas Bucks County Center 100 North Main Doylestown, P. | S Justice I Street | ■ Pending □ On appea □ Conclude | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | shed, attached, | seized, or levied? | | |
| | Creditor Name and Address | Describe the Property Date | | | | Value of the | | |
| | | Explain what happened | | | | property | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | mounts from your | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was า | Amount | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes | | rty in the possess | | | it of creditors, a | | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 37 of 45

Debtor 1 Rina Canner Case number (if known)

| | - time capper | | | | |
|-----|--|-----------|--|-----------------------------------|--------------------------|
| Do | List Contain Ciffs and Contain the | _ | | | |
| | t 5: List Certain Gifts and Contribution | | | | |
| 13. | Within 2 years before you filed for bankri | uptcy, d | lid you give any gifts with a total value of more | than \$600 per person? | ? |
| | Yes. Fill in the details for each gift. | | | | |
| | Gifts with a total value of more than \$60 per person | 0 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankr | uptcy, d | lid you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or co | ontributi | on. | | |
| | Gifts or contributions to charities that t more than \$600 Charity's Name | | Describe what you contributed | Dates you contributed | Value |
| | Address (Number, Street, City, State and ZIP Code | e) | | | |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending | Date of your loss | Value of property lost |
| | | insuran | ace claims on line 33 of Schedule A/B: Property. | | |
| Par | t 7: List Certain Payments or Transfers | S | | | |
| 16. | consulted about seeking bankruptcy or p | oreparir | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require | | rty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Person Who Made the Payment, if Not Y | ou | | 4/0.4/00 | 44 000 00 |
| | Gellert Scali Busenkell & Brown, LLCo 1201 N. Orange St | | \$1,892 retainer/costs | 4/31/22 | \$1,982.00 |
| | Suite 300 Wilmington, DE 19801 | | | | |
| | mcataldo@gsbblaw.com Husband | | | | |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cred Do not include any payment or transfer that | ditors o | | or transfer any propei | rty to anyone who |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Document Page 38 of 45

| Del | otor 1 Rina Capper | | 3 | Case num | nber (if known) | |
|-----|---|--|--------------------|------------------------|---|-------------------------------|
| | | | | | | |
| | include gifts and transfers that you have already | listed on this statement | t. | | | |
| | No No | | | | | |
| | Yes. Fill in the details. | 5 | | _ | | 5 |
| | Person Who Received Transfer Address | property transfer | | paym | ibe any property or ents received or debts n exchange | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot | | y property to a s | self-settle | d trust or similar device | of which you are a |
| | No Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | value of the prop | erty trans | sferred | Date Transfer was |
| | Nume of trust | Description and t | raide of the prop | orty truit | , ion ou | made |
| Pai | t 8: List of Certain Financial Accounts, Inst | truments, Safe Deposi | t Boxes, and Sto | rage Unit | s | |
| 20. | | | | | | our henefit closed |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or | r other financial accou | nts; certificates | of deposi | | |
| | houses, pension funds, cooperatives, associ | iations, and other final | ncial institutions | - | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and | Last 4 digits of | Type of accou | nt or | Date account was | Last balance |
| | Address (Number, Street, City, State and ZIP Code) | account number | instrument | | closed, sold, moved, or transferred | before closing or transfer |
| 21. | Do you now have, or did you have within 1 yo cash, or other valuables? | ear before you filed for | r bankruptcy, an | y safe de _l | oosit box or other depos | itory for securities, |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | r place other than your | home within 1 y | /ear befoi | re you filed for bankrupt | cy? |
| | No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or I to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control f | or Someone Else | | | | |
| | | | | | | |
| 23. | Do you hold or control any property that son for someone. | neone else owns? Incl | ude any property | y you bor | rowed from, are storing | for, or hold in trust |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| | | | | | | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Desc Main Document Page 39 of 45

Debtor 1 Rina Capper Case number (if known)

| Del | otor 1 | Rina Capper | | | Ca | se number (if known) | | |
|-----|--|---|--|--|------|---|--------------------|--|
| | | | | | | | | |
| Par | t 10: | Give Details About Environmental In | forma | ation | | | | |
| For | the p | urpose of Part 10, the following definit | ions | apply: | | | | |
| | toxi | ironmental law means any federal, stat c substances, wastes, or material into lations controlling the cleanup of thes | he a | ir, land, soil, surface water, ground | _ | • | | |
| | | | | | | | | |
| | | ardous material means anything an envardous material, pollutant, contaminant | | | wa | ste, hazardous substance, toxic s | substance, | |
| Rep | ort a | ll notices, releases, and proceedings th | at yo | ou know about, regardless of when | the | ey occurred. | | |
| 24. | Has | any governmental unit notified you that | ıt you | ı may be liable or potentially liable | unc | der or in violation of an environm | ental law? | |
| | | No | • | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | i | Environmental law, if you know it | Date of notice | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | i | Environmental law, if you know it | Date of notice | |
| 26. | Hav | e you been a party in any judicial or ad | minis | strative proceeding under any envir | ronı | mental law? Include settlements | and orders. | |
| | | ■ No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | se Title se Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | |
| Par | t 11: | Give Details About Your Business or | Con | nections to Any Business | | | | |
| 27. | With | nin 4 vears before you filed for bankrup | tcv. c | did vou own a business or have any | v of | f the following connections to any | / business? | |
| | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | | ■ No. None of the above applies. Go to Part 12. | | | | | | |
| | | Yes. Check all that apply above and fi | e and fill in the details below for each business. | | | | | |
| | | siness Name dress | De | scribe the nature of the business | | Employer Identification numbe Do not include Social Security | | |
| | | nber, Street, City, State and ZIP Code) | Na | me of accountant or bookkeeper | | Dates business existed | | |

Case 22-11142-mdc Doc 1 Filed 05/02/22 Entered 05/02/22 14:23:37 Page 40 of 45 Document Case number (if known) Debtor 1 Rina Capper 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S. (25) 152, 1341, 15/9, and 3571. Rina Capper Signature of Debtor 2 Signature of Debtor 1 Date 05/02/2022 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Pennsylvania

| In 1 | re Rina Capper | | Case No. | |
|------|---|--|---|--------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR D | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filin be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptc | y, or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,750.00 |
| | Prior to the filing of this statement I have received | | | 1,500.00 |
| | Balance Due | | \$ | 3,250.00 |
| 2. | \$ of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | ensation with any other perso | n unless they are men | abers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name | | | |
| 6. | In return for the above-disclosed fee, I have agreed to re | nder legal service for all aspe | cts of the bankruptcy | case, including: |
| | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Discussion options, Preparation of chapmeeting, review of claims and any object confirmation hearing | ement of affairs and plan which or and confirmation hearing, other 13 petition, collection | ch may be required; and any adjourned her n of documents, re | arings thereof; |
| 7. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis relief from stay actions or any other adv | chargeability actions, jud | | ces, Motions to dismiss or |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | y agreement or arrangement for | or payment to me for | representation of the debtor(s) in |
| | 05/02/2022 | /s/ Michael Catalo | do | |
| | Date | 8 Penn Center, 16 | ney senkell & Brown, I 28 John F. Kennedy Philadelphia, PA 191 | |

Name of law firm

United States Bankruptcy Court Eastern District of Pennsylvania

| In re | Rina Capper | | Case No. | |
|-------|-------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

| The abo | ove-named Debtor hereby veri | fies that the attached list of creditors is true and correct to the best of his/her knowledge. |
|---------|------------------------------|--|
| Date: | 05/02/2022 | Rina Capper Signature of Debtor |

American Express Travel Related Services Attn: Bankruptcy Po Box 981537 El Paso, TX 79998

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Barclays Bank Delaware Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899

BBVA Attn: Bankruptcy Po Box 10566 Birmingham, AL 35296

Capital One Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

Citibank Attn: Bankruptcy P.O. Box 790034 St Louis, MO 63179

Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179 Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Hsbc Bank Attn: Bankruptcy Po Box 2013 Buffalo, NY 14240

Lockhart Morris & Montgomery, Inc. Attn: Bankruptcy 1401 N Central Expressway, Ste 225 Richardson, TX 75080

Prosper Funding LLC 221 Main Street Suite 300 San Francisco, CA 94105

Spring Oaks Capital, Llc Attn: Bankruptcy P.O. Box 1216 Chesapeake, VA 23327

Syncb/venmo Attn: Bankruptcy P.O. Box 965015 Orlando, FL 32896

Zwicker & Associates 3220 Tillman Drive Suite 215 Bensalem, PA 19020 Certificate Number: 15557-PAE-CC-036513870



CERTIFICATE OF COUNSELING

I CERTIFY that on April 30, 2022, at 5:32 o'clock PM EDT, Rina Capper received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of Pennsylvania, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 30, 2022 By: /s/Jane Kamande

Name: Jane Kamande

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).